

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/23/2011	
NAME OF PROVIDER OR SUPPLIER ARC BRIDGES, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for the investigation of complaint #IN00096116.</p> <p>Complaint #IN00096116: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W125 and W137.</p> <p>Unrelated deficiency cited.</p> <p>Dates of survey: September 21, 22, and 23, 2011.</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/4/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation and interview, for 5 of 5 clients (clients A, B, C, D, and E) who resided in the group home, the facility failed to allow and encourage access to the facility's locked food supply, toilet paper, paper towels, and hand soap.</p>			W0125	<p>The lock was removed and maintenance verification was presented to surveyor. To ensure future compliance, personal grooming/hygiene items will be stored in an unlocked area and reviews of rights are done</p>		09/23/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>On 9/21/11 from 4:45pm until 5:40pm, observation and interview were completed at client A, B, C, D, and E's group home. During the observation period, the hallway closet was kept locked. At 5pm, client C exited the hallway bathroom and stated to DCS (Direct Care Staff) #1 "I need toilet paper." DCS #1 went to the hallway closet, removed a key from her pocket, unlocked the hallway closet door, and retrieved a roll of toilet paper. DCS #1 locked the hallway closet door and gave the roll of toilet paper to client C. Client C gave the roll of toilet paper to client A and client A shut the bathroom door. At 5pm, DCS #1 unlocked the hallway closet door and stated the hallway closet was "kept locked." DCS #1 stated "only staff had the keys" to the locked hallway closet door. DCS #1 stated the facility kept "extra food, toilet paper, paper towels, and hand soap" inside the locked hallway closet. At 5pm, DCS #1, the QMRP (Qualified Mental Retardation Professional), and DCS #2 indicated they did not know why the hallway closet was kept locked and the clients did not have a key. From 4:45pm until 5:40pm, three of three bathrooms did not have paper towels or hand soap for clients A, B, C, D, and E.</p> <p>The QMRP was interviewed on 9/22/11 at 11:50am. The QMRP indicated there was no identified need for the hallway closet to be locked containing the food supply, hand soap, toilet paper, and paper towels. The QMRP indicated clients A, B, C, D, and E did not have a key for the locked closet.</p> <p>This federal tag relates to complaint #IN00096116.</p>				annually with HRC.		

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W0137	<p>9-3-2(a)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, for 5 of 5 clients (clients A, B, C, D, and E) who resided in the group home, the facility failed to allow and encourage clients A, B, C, D, and E access to their personal hygiene boxes locked inside the hallway closet.</p> <p>Findings include:</p> <p>On 9/21/11 from 4:45pm until 5:40pm, observation and interview were completed at client A, B, C, D, and E's group home. During the observation period, the hallway closet was kept locked. At 5pm, client C exited the hallway bathroom and stated to DCS (Direct Care Staff) #1 "I need toilet paper." DCS #1 went to the hallway closet, removed a key from her pocket, unlocked the hallway closet door, and clients A, B, C, D, and E's personal hygiene boxes were visible on the middle shelf. DCS #1 locked the hallway closet door and gave the roll of toilet paper to client C. At 5pm, DCS #1 unlocked the hallway closet door and stated the hallway closet was "kept locked." DCS #1 stated "only staff had the keys" to the locked hallway closet door. DCS #1 stated the facility kept client A, B, C, D, and E's personal "hygiene boxes locked." At 5pm, DCS #1, the QMRP (Qualified Mental Retardation Professional), and DCS #2 indicated they did not know why the hallway closet was kept locked and the clients did not have a key.</p>			W0137	<p>The lock was removed 9/22/11 and maintenance verification was presented to surveyor. To ensure future compliance, personal grooming/hygiene items will be stored in an unlocked area and reviews of rights are done annually with HRC.</p>		09/23/2011

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W0436	<p>The QMRP was interviewed on 9/22/11 at 11:50am. The QMRP indicated there was no identified need for client A, B, C, D, and E's personal hygiene boxes to be locked. The QMRP indicated clients A, B, C, D, and E did not have a key for the locked closet.</p> <p>On 9/22/11 at 12:30pm, client B, C, D, and E's records were reviewed and did not indicate the need for locked personal hygiene boxes.</p> <p>On 9/22/11 at 12:15pm, client A's record was reviewed and did not indicate the need for her personal hygiene box to be locked.</p> <p>This federal tag relates to complaint #IN00096116.</p> <p>9-3-2(a)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 2 sample clients (client A) who wore prescription eye glasses, the facility failed to encourage and teach client A to wear her prescribed eye glasses.</p> <p>Findings include:</p> <p>On 9/21/11 from 4:45pm until 5:40pm, client A did not wear her prescription eye glasses. During the observation period client A cut a tomato with a</p>			W0436	<p>DSPs have been retrained to prompt client to wear glasses. To ensure future compliance, the client glasses placement is now being documented on the MAR.</p>		10/23/2011

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	<p>butcher knife, cut an onion with a butcher knife, and no eye glasses were observed to be offered or encouraged.</p> <p>The QMRP (Qualified Mental Retardation Professional) was interviewed on 9/23/11 at 9:25am. The QMRP indicated client A wore prescription eye glasses. The QMRP indicated client A should have been taught and encouraged to wear her prescription eye glasses when she cut the tomato and onion with a butcher knife.</p> <p>On 9/22/11 at 12:15pm, client A's record was reviewed. Client A's 2/17/11 ISP (Individual Support Plan) indicated she wore prescription eye glasses. Client A's 4/26/11 vision exam indicated her prescription was unchanged and the client needed to wear her eye glasses.</p> <p>9-3-7(a)</p>						